

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 10/089020		FILING DATE					
APPLICANT(S)						CLAIMS							
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.							
1			/				51						
2			/				52						
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46			/				96						
47			/				97						
48			/				98						
49			/				99						
50			/				100						
TOTAL IND.	2		2				TOTAL IND.						
TOTAL DEP.	13		9				TOTAL DEP.						
TOTAL CLAIMS	15		11				TOTAL CLAIMS						